

# IN CONFIDENCE

## MONTHLY POPULATION SURVEY

FEBRUARY 2003

[illegible]

FORM S1

**12. HOUSEHOLD TYPE (PSO)**

- 1 (Nothing further) ... ☐ 1
- 2 ... ☐ 2
- 3 ... ☐ 3
- 4 ... ☐ 4
- 5 ... ☐ 5
- 6 (Complete Q.14) ... ☐ 6
- 7 (Complete Q.15) ... ☐ 7
- 8 (Complete Q.14) ... ☐ 8
- 9 (Nothing further) ... ☐ 9

- 13. Husband**  
(Complete Q.15) ... ☐ 1
- Wife**  
(Nothing further) ... ☐ 2
- Son/daughter**  
(Nothing further) ... ☐ 3

- 14. Father/mother** ... ☐ 1
- Son/daughter**  
(Nothing further) ... ☐ 2

- 15. If Household Type**  
2, 3 or 6 in Q.12,  
nothing further.
- If Household Type**  
4, 5, 7 or 8 in Q.12,  
enter number of  
children aged  
0 to 14 years.

**16. OFFICE USE ONLY**

| A<br>Relationship          |                            | B<br>Family<br>number      |                            | C<br>Children<br>0-14 years |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1  | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2  | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3  | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4  | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5  | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6  | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7  | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8  | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 8 |                            | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9  | <input type="checkbox"/> 9 |

  

| D<br>UR scope/coverage<br>exclusion |                            | E<br>Incomplete<br>H/H, L/U |                            | F<br>Schedule,<br>initial response |                            | G<br>Schedule,<br>final response |                            |
|-------------------------------------|----------------------------|-----------------------------|----------------------------|------------------------------------|----------------------------|----------------------------------|----------------------------|
| <input type="checkbox"/> 1          | <input type="checkbox"/> 1 | <input type="checkbox"/> 1  | <input type="checkbox"/> 1 | <input type="checkbox"/> 1         | <input type="checkbox"/> 1 | <input type="checkbox"/> 1       | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2          | <input type="checkbox"/> 2 | <input type="checkbox"/> 2  | <input type="checkbox"/> 2 | <input type="checkbox"/> 2         | <input type="checkbox"/> 2 | <input type="checkbox"/> 2       | <input type="checkbox"/> 2 |
|                                     | <input type="checkbox"/> 3 | <input type="checkbox"/> 3  | <input type="checkbox"/> 3 | <input type="checkbox"/> 3         | <input type="checkbox"/> 3 | <input type="checkbox"/> 3       | <input type="checkbox"/> 3 |
|                                     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4  | <input type="checkbox"/> 4 | <input type="checkbox"/> 4         | <input type="checkbox"/> 4 | <input type="checkbox"/> 4       | <input type="checkbox"/> 4 |
|                                     | <input type="checkbox"/> 5 | <input type="checkbox"/> 5  | <input type="checkbox"/> 5 | <input type="checkbox"/> 5         | <input type="checkbox"/> 5 | <input type="checkbox"/> 5       | <input type="checkbox"/> 5 |
|                                     | <input type="checkbox"/> 6 | <input type="checkbox"/> 6  |                            |                                    | <input type="checkbox"/> 6 | <input type="checkbox"/> 6       | <input type="checkbox"/> 6 |
|                                     |                            |                             |                            |                                    | <input type="checkbox"/> 7 | <input type="checkbox"/> 7       | <input type="checkbox"/> 7 |

  

| H                          | J                          | K                          | L                          | M                          | N                          |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |

  

| Interviewer<br>number                                                                                       | Week                       | Workload<br>number                                                                                          |
|-------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="text"/>                                                                                        | <input type="text"/>       | <input type="text"/>                                                                                        |
| <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 |                            | <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 |                            | <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 |                            | <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 |                            | <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 |                            | <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 |                            | <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 |                            | <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 |                            | <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>17.</b> IS ..... CURRENTLY A <u>FULL-TIME</u> STUDENT AT A TAFE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Dec, Jan, Feb <u>only</u> -<br/>Not known, unclear ..... <input type="checkbox"/> 3</p>                                                                                                                                                                             | <p><b>24.</b> (YOU TOLD ME THAT ..... DIDN'T LOOK FOR WORK DURING THE LAST 4 WEEKS.)</p> <p>WAS THAT BECAUSE ..... WAS WAITING TO START WORK ..... HAD ALREADY OBTAINED?</p> <p>Yes ..... <input type="checkbox"/> <b>Q.82</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> <b>Q.94</b> <input type="checkbox"/> 2 <b>5</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>18.</b> <i>Interviewer: Read statement for the first person to be interviewed in the household, or if the respondent changes.</i></p> <p>I WOULD LIKE TO ASK ABOUT LAST WEEK, THAT IS, THE WEEK STARTING MONDAY THE ..... AND ENDING (LAST SUNDAY THE ..... /YESTERDAY).</p>                                                                                                                                                                                                    | <p><b>25.</b> DID ..... HAVE MORE THAN 1 JOB OR BUSINESS LAST WEEK?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> <b>Q.28</b> <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>19.</b> LAST WEEK, DID ..... DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?</p> <p>Yes ..... <input type="checkbox"/> <b>Q.25</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently unable to work<br/>..... <input type="checkbox"/> <b>Q.94</b> <input type="checkbox"/> 3 <b>4</b></p> <p>Permanently not intending to work<br/>(if aged 65+ only) ..... <input type="checkbox"/> <b>Q.94</b> <input type="checkbox"/> 4 <b>3</b></p> | <p><b>26.</b> WAS THAT BECAUSE ..... CHANGED JOBS DURING THE WEEK?</p> <p>Yes ..... <input type="checkbox"/> <b>Q.27A</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> <b>Q.27B</b> <input type="checkbox"/> 2</p> <p><b>27A.</b> THE NEXT FEW QUESTIONS ARE ABOUT THE WORK ..... DOES NOW.</p> <p><b>27B.</b> THE NEXT FEW QUESTIONS ARE ABOUT THE JOB OR BUSINESS IN WHICH ..... USUALLY WORKS THE MOST HOURS, THAT IS, ..... <u>MAIN JOB</u>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>20.</b> LAST WEEK, DID ..... DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?</p> <p>Yes ..... <input type="checkbox"/> <b>Q.25</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently not intending to work<br/>(if aged 65+ only) ..... <input type="checkbox"/> <b>Q.94</b> <input type="checkbox"/> 3 <b>C</b></p>                                                                                                                       | <p><b>28.</b> DID ..... WORK FOR AN EMPLOYER, OR IN ..... OWN BUSINESS?</p> <p>Employer ..... <input type="checkbox"/> 1</p> <p>Own business ..... <input type="checkbox"/> <b>Q.31</b> <input type="checkbox"/> 2</p> <p>Other/Uncertain ..... <input type="checkbox"/> <b>Q.30</b> <input type="checkbox"/> 3</p> <p><b>29.</b> IS ..... PAID A WAGE OR SALARY, <u>OR</u> SOME OTHER FORM OF PAYMENT?</p> <p>Wage/Salary ..... <input type="checkbox"/> <b>Q.33</b> <input type="checkbox"/> 1</p> <p>Other/Uncertain ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>21.</b> DID ..... HAVE A JOB, BUSINESS OR FARM THAT ..... WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?</p> <p>Yes ..... <input type="checkbox"/> <b>Q.45</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently not intending to work<br/>(if aged 65+ only) ..... <input type="checkbox"/> <b>Q.94</b> <input type="checkbox"/> 3 <b>Q</b></p>                                                                       | <p><b>30.</b> WHAT ARE ..... (WORKING/PAYMENT) ARRANGEMENTS?</p> <p>Unpaid voluntary work ..... <input type="checkbox"/> <b>Q.73</b> <input type="checkbox"/> 01</p> <p>Contractor/Subcontractor ..... <input type="checkbox"/> 02</p> <p>Own business/Partnership ..... <input type="checkbox"/> 03</p> <p>Commission only ..... <input type="checkbox"/> 04</p> <p>Commission with retainer ..... <input type="checkbox"/> <b>Q.33</b> <input type="checkbox"/> 05</p> <p>In a family business without pay ..... <input type="checkbox"/> <b>Q.33</b> <input type="checkbox"/> 06</p> <p>Payment in kind ..... <input type="checkbox"/> <b>Q.33</b> <input type="checkbox"/> 07</p> <p>Paid by the piece/item produced ..... <input type="checkbox"/> <b>Q.33</b> <input type="checkbox"/> 08</p> <p>Wage/salary earner ..... <input type="checkbox"/> <b>Q.33</b> <input type="checkbox"/> 09</p> <p>Other ..... <input type="checkbox"/> <b>Q.33</b> <input type="checkbox"/> 10</p> |
| <p><b>22.</b> AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?</p> <p>Yes ..... <input type="checkbox"/> <b>Q.75</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently not intending to work<br/>(if aged 65+ only) ..... <input type="checkbox"/> <b>Q.94</b> <input type="checkbox"/> 3 <b>E</b></p>                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>23.</b> HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?</p> <p>Yes ..... <input type="checkbox"/> <b>Q.75</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently not intending to work<br/>(if aged 65+ only) ..... <input type="checkbox"/> <b>Q.94</b> <input type="checkbox"/> 3 <b>F</b></p>                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

FORM S1

31. DOES ..... HAVE EMPLOYEES (IN THAT BUSINESS)?

Yes..... ☐ 1

No..... ☐ 2

32. IS THAT BUSINESS INCORPORATED?

Yes..... ☐ 1

No..... ☐ 2

33. I WOULD NOW LIKE TO ASK ABOUT WHEN ..... WORKED (IN ..... MAIN JOB) LAST WEEK.

[REMEMBERING THAT (Day) WAS A PUBLIC HOLIDAY,] DID ..... WORK (IN THAT JOB) ON

|     | MON<br>a                 | TUES<br>b                | WED<br>c                 | THU<br>d                 | FRI<br>e                 | SAT<br>f                 | SUN?<br>g                  |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1 |
| No  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 2 |

34. Sequence Guide

. If no days worked in Q.33... → Q.39 ☐ 1

. If Q.31 answered ..... → Q.37 ☐ 2

. Otherwise ..... → Q.35 ☐ 3

35. ON THE DAYS THAT ..... WORKED (IN THAT JOB), DID ..... HAVE ANY TIME OFF?

Yes..... ☐

No..... ☐

36. DID ..... WORK ANY EXTRA HOURS OR OVERTIME?

Yes..... ☐ 1

No..... ☐ 2

37. Sequence Guide

. If only 1 job/business ('2' in Q.25 or '1' in Q.26) .. → Q.39 ☐ 1

. Otherwise ..... → Q.38 ☐ 2

38. HOW MANY HOURS DID ..... ACTUALLY WORK IN ..... MAIN JOB LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE EXTRA HOURS WORKED)?

|   |   |   |
|---|---|---|
|   | 0 | 0 |
|   | 1 | 1 |
|   | 2 | 2 |
|   | 3 | 3 |
|   | 4 | 4 |
|   | 5 | 5 |
| a | 6 | 6 |
|   | 7 | 7 |
| b | 8 | 8 |
|   | 9 | 9 |

a 1 hour or more ..... ☐

b Less than 1 hour/  
No hours ..... ☐

39. HOW MANY HOURS DID ..... ACTUALLY WORK (IN ALL ..... JOBS) LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE EXTRA HOURS WORKED)?

|  |   |   |
|--|---|---|
|  | 0 | 0 |
|  | 1 | 1 |
|  | 2 | 2 |
|  | 3 | 3 |
|  | 4 | 4 |
|  | 5 | 5 |
|  | 6 | 6 |
|  | 7 | 7 |
|  | 8 | 8 |
|  | 9 | 9 |

a 35 hours or more ..... ☐

1-34 hours → Q.42 ☐

b Less than 1 hour/  
No hours → Q.53 ☐

40. HOW MANY HOURS DOES ..... USUALLY WORK EACH WEEK IN (THAT JOB/THAT BUSINESS/ ALL ..... JOBS)?

|  |   |   |
|--|---|---|
|  | 0 | 0 |
|  | 1 | 1 |
|  | 2 | 2 |
|  | 3 | 3 |
|  | 4 | 4 |
|  | 5 | 5 |
|  | 6 | 6 |
|  | 7 | 7 |
|  | 8 | 8 |
|  | 9 | 9 |

a 35 hours or more ..... ☐

1-34 hours → Q.60 ☐

b Less than 1 hour/  
No hours → Q.60 ☐

41. → Q.65

42. HOW MANY HOURS DOES ..... USUALLY WORK EACH WEEK IN (THAT JOB/THAT BUSINESS/ ALL ..... JOBS)?

|  |   |   |
|--|---|---|
|  | 0 | 0 |
|  | 1 | 1 |
|  | 2 | 2 |
|  | 3 | 3 |
|  | 4 | 4 |
|  | 5 | 5 |
|  | 6 | 6 |
|  | 7 | 7 |
|  | 8 | 8 |
|  | 9 | 9 |

a 35 hours or more ..... ☐

1-34 hours → Q.60 ☐

b Less than 1 hour/  
No hours → Q.60 ☐

43. WHAT WAS THE MAIN REASON ..... WORKED LESS THAN 35 HOURS LAST WEEK?

|                                                      |                            |
|------------------------------------------------------|----------------------------|
| Holiday/Flextime/Study/<br>Personal reasons.....     | <input type="checkbox"/> 1 |
| Own illness or injury/Sick leave .....               | <input type="checkbox"/> 2 |
| Standard work arrangements/<br>Shift work/RDO.....   | <input type="checkbox"/> 3 |
| Stood down/On short time/<br>Insufficient work ..... | <input type="checkbox"/> 4 |
| Bad weather/Plant breakdown .....                    | <input type="checkbox"/> 5 |
| Began/left/lost job during week.....                 | <input type="checkbox"/> 6 |
| On strike/Locked out/<br>Industrial dispute .....    | <input type="checkbox"/> 7 |
| Other.....                                           | <input type="checkbox"/> 8 |

44. → Q.65

45. DID ..... HAVE MORE THAN 1 JOB OR BUSINESS LAST WEEK?

Yes..... ☐ 1

No..... → Q.47 ☐ 2

46. THE NEXT FEW QUESTIONS ARE ABOUT THE JOB OR BUSINESS IN WHICH ..... USUALLY WORKS THE MOST HOURS.

47. DOES ..... WORK FOR AN EMPLOYER, OR IN ..... OWN BUSINESS?

Employer..... ☐ 1

Own business..... → Q.50 ☐ 2

Other/Uncertain..... → Q.49 ☐ 3

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <b>48. IS ..... PAID A WAGE OR SALARY, OR SOME OTHER FORM OF PAYMENT?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Wage/Salary .....</span> <span>→ <b>Q.53</b></span> <span><input type="checkbox"/> 1</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Other/Uncertain .....</span> <span></span> <span><input type="checkbox"/> 2</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>54. WAS ..... ON WORKERS' COMPENSATION LAST WEEK?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Yes .....</span> <span></span> <span><input type="checkbox"/> 1</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>No .....</span> <span>→ <b>Q.56</b></span> <span><input type="checkbox"/> 2</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>49. WHAT ARE ..... (WORKING/PAYMENT) ARRANGEMENTS?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Unpaid voluntary work</span> <span>→ <b>Q.73</b></span> <span><input type="checkbox"/> 01</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Contractor/Subcontractor .....</span> <span></span> <span><input type="checkbox"/> 02</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Own business/Partnership .....</span> <span></span> <span><input type="checkbox"/> 03</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Commission only .....</span> <span></span> <span><input type="checkbox"/> 04</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Commission with retainer</span> <span>→ <b>Q.53</b></span> <span><input type="checkbox"/> 05</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>In a family business without pay .....</span> <span>→ <b>Q.73</b></span> <span><input type="checkbox"/> 06</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Payment in kind .....</span> <span>→ <b>Q.53</b></span> <span><input type="checkbox"/> 07</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Paid by the piece/item produced .....</span> <span>→ <b>Q.53</b></span> <span><input type="checkbox"/> 08</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Wage/salary earner ..</span> <span>→ <b>Q.53</b></span> <span><input type="checkbox"/> 09</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Other .....</span> <span>→ <b>Q.53</b></span> <span><input type="checkbox"/> 10</span> </div> | <b>55. WILL ..... BE RETURNING TO WORK FOR ..... EMPLOYER?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Yes .....</span> <span>→ <b>Q.59</b></span> <span><input type="checkbox"/> 1</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>No .....</span> <span>→ <b>Q.73</b></span> <span><input type="checkbox"/> 2</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Don't know .....</span> <span>→ <b>Q.73</b></span> <span><input type="checkbox"/> 3</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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UP UNTIL THE END OF LAST WEEK, HOW LONG HAD ..... BEEN AWAY FROM WORK?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Less than 4 weeks ..</span> <span>→ <b>Q.59</b></span> <span><input type="checkbox"/> 1</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>4 weeks or more .....</span> <span></span> <span><input type="checkbox"/> 2</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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WAS ..... PAID, OR WILL ..... BE PAID, FOR ANY PART OF THE LAST 4 WEEKS?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Yes .....</span> <span>→ <b>Q.59</b></span> <span><input type="checkbox"/> 1</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>No .....</span> <span>→ <b>Q.73</b></span> <span><input type="checkbox"/> 2</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>50. DOES ..... HAVE EMPLOYEES (IN THAT BUSINESS)?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Yes .....</span> <span></span> <span><input type="checkbox"/> 1</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>No .....</span> <span></span> <span><input type="checkbox"/> 2</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>58. WHAT WAS THE MAIN REASON ..... WAS AWAY FROM WORK LAST WEEK?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Holiday/Study/Personal reasons ..</span> <span></span> <span><input type="checkbox"/> 1</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Own illness or injury .....</span> <span></span> <span><input type="checkbox"/> 2</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>No work available/Not enough work .....</span> <span></span> <span><input type="checkbox"/> 3</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Locked out/Industrial dispute .....</span> <span></span> <span><input type="checkbox"/> 4</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Bad weather/Plant breakdown .....</span> <span></span> <span><input type="checkbox"/> 5</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Other .....</span> <span></span> <span><input type="checkbox"/> 6</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>51. IS THAT BUSINESS INCORPORATED?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Yes .....</span> <span>→ <b>Q.53</b></span> <span><input type="checkbox"/> 1</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>No .....</span> <span></span> <span><input type="checkbox"/> 2</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>52. → <b>Q.58</b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>53. WHAT WAS THE MAIN REASON ..... WAS AWAY FROM WORK LAST WEEK?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Holiday/Flextime/Study/Personal reasons .....</span> <span>→ <b>Q.56</b></span> <span><input type="checkbox"/> 1</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Own illness or injury/Sick leave .....</span> <span></span> <span><input type="checkbox"/> 2</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>No work available/Not enough work .....</span> <span>→ <b>Q.56</b></span> <span><input type="checkbox"/> 3</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Standard work arrangements/Shift work .....</span> <span>→ <b>Q.59</b></span> <span><input type="checkbox"/> 4</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>On strike/Locked out/Industrial dispute .....</span> <span>→ <b>Q.59</b></span> <span><input type="checkbox"/> 5</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Stood down .....</span> <span>→ <b>Q.56</b></span> <span><input type="checkbox"/> 6</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Bad weather/Plant breakdown .....</span> <span>→ <b>Q.56</b></span> <span><input type="checkbox"/> 7</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>Other .....</span> <span>→ <b>Q.56</b></span> <span><input type="checkbox"/> 8</span> </div>                                                                                                                                                                                                                                                                                                           | <b>59. HOW MANY HOURS DOES ..... USUALLY WORK EACH WEEK IN (THAT JOB/THAT BUSINESS/ ALL ..... JOBS)?</b><br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;"><b>a</b></span> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center;"> <span>35 hours or more .....</span> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 10px;"></div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>→ <b>Q.65</b></span> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>1-34 hours .....</span> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 10px;"></div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> |

**b**

Less than 1 hour/No hours ..

61A. IN THE NEXT 4 WEEKS, WOULD ..... BE AVAILABLE TO WORK MORE HOURS THAN ..... USUALLY WORKS?

Yes..... ☐ 1  
No..... ☐ 2

62. IN THE LAST 4 WEEKS, HAS ..... DONE ANYTHING TO OBTAIN MORE HOURS OF WORK?

Yes..... ☐ 1  
No..... ☐ 2 → Q.65

63. DOES ..... WANT TO WORK 35 HOURS OR MORE A WEEK?

Yes..... ☐ 1  
No..... ☐ 2

64. AT ANY TIME IN THE LAST 4 WEEKS HAS .....

(ASKED ..... CURRENT EMPLOYER FOR MORE HOURS?) ..... ☐ 01

WRITTEN, PHONED OR APPLIED IN PERSON TO (AN/ANOTHER) EMPLOYER FOR WORK? ..... ☐ 02

ANSWERED AN ADVERTISEMENT FOR A JOB? ..... ☐ 03

LOOKED IN NEWSPAPERS?

Yes ☐  
No ☐

CHECKED FACTORY NOTICE BOARDS, OR USED THE TOUCHSCREENS AT CENTRELINK OFFICES? ..... ☐ 04

AT ANY TIME IN THE LAST 4 WEEKS HAS .....

BEEN REGISTERED WITH CENTRELINK AS A JOBSEEKER? ..... ☐ 05

CHECKED OR REGISTERED WITH AN EMPLOYMENT AGENCY? ..... ☐ 06

DONE ANYTHING ELSE TO FIND A JOB?

Advertised or tendered for work..... ☐ 07

Contacted friends/relatives..... ☐ 08

Other..... ☐ 09

Only looked in newspapers..... ☐ 10

None of these..... ☐ 11

65. WHAT (WAS/IS) ..... OCCUPATION IN (THAT/ ..... MAIN) (JOB/BUSINESS)?

(Title) .....  
.....

WHAT (WERE/ARE) ..... MAIN TASKS AND DUTIES?

(Main tasks/duties) .....  
.....  
.....

☐ 0 ☐ 0 ☐ 0  
☐ 1 ☐ 1 ☐ 1  
☐ 2 ☐ 2 ☐ 2  
☐ 3 ☐ 3 ☐ 3  
☐ 4 ☐ 4 ☐ 4  
☐ 5 ☐ 5 ☐ 5  
☐ 6 ☐ 6 ☐ 6  
☐ 7 ☐ 7 ☐ 7  
☐ 8 ☐ 8 ☐ 8  
☐ 9 ☐ 9 ☐ 9

66. WHAT KIND OF BUSINESS OR SERVICE IS CARRIED OUT BY ..... (EMPLOYER AT THE PLACE WHERE ..... WORKS/ BUSINESS)?

☐ 0 ☐ 0 ☐ 0  
☐ 1 ☐ 1 ☐ 1  
☐ 2 ☐ 2 ☐ 2  
☐ 3 ☐ 3 ☐ 3  
☐ 4 ☐ 4 ☐ 4  
☐ 5 ☐ 5 ☐ 5  
☐ 6 ☐ 6 ☐ 6  
☐ 7 ☐ 7 ☐ 7  
☐ 8 ☐ 8 ☐ 8  
☐ 9 ☐ 9 ☐ 9

67. WHAT IS THE NAME OF ..... (EMPLOYER/BUSINESS)?

.....  
.....  
.....

☐ 1  
☐ 2

68. HAS ..... WORKED (FOR ..... EMPLOYER/IN ..... BUSINESS) FOR 12 MONTHS OR MORE?

Yes/More..... → Q.70 ☐ 1  
No/Less..... ☐ 2

69. HOW MANY MONTHS HAS ..... WORKED (FOR ..... EMPLOYER/IN ..... BUSINESS)?

Months .....

☐ 0 ☐ 0  
☐ 1 ☐ 1  
☐ 2 ☐ 2  
☐ 3 ☐ 3  
☐ 4 ☐ 4  
☐ 5 ☐ 5  
☐ 6 ☐ 6  
☐ 7 ☐ 7  
☐ 8 ☐ 8  
☐ 9 ☐ 9

70. DOES ..... EXPECT TO BE WORKING (FOR ..... EMPLOYER/IN ..... BUSINESS) IN 12 MONTHS TIME?

Yes/Don't know..... → Q.94 ☐ 1  
No/Depends..... ☐ 2

71. WHAT IS THE MAIN REASON ..... (EXPECTS TO/MAY) FINISH WORK (FOR ..... EMPLOYER/IN ..... BUSINESS) IN THE NEXT 12 MONTHS?

Changing jobs/Seeking other employment..... ☐ 1

Returning to study/Travel/  
Family reasons..... ☐ 2

Retiring..... ☐ 3

Seasonal/Temporary job/  
Fixed contract..... ☐ 4

Employer/business closing down/  
downsizing..... ☐ 5

Other..... ☐ 6

72. → Q.94 H

| <p><b>73.</b> AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?</p> <p>Yes ..... → <b>Q.75</b> <input type="checkbox"/> 1</p> <p>No ..... → <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>79.</b> COULD ..... START IN THE NEXT 4 WEEKS IF WORK WAS AVAILABLE?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... → <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |       |      |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |
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| <p><b>74.</b> HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... → <b>Q.81A</b> <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>80.</b> → <b>Q.94</b> <u>I</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |       |      |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |
| <p><b>75.</b> AT ANY TIME IN THE LAST 4 WEEKS HAS ..... WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? ..... <input type="checkbox"/> 01</p> <p>ANSWERED AN ADVERTISEMENT FOR A JOB? ..... <input type="checkbox"/> 02</p> <p>LOOKED IN NEWSPAPERS?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>CHECKED FACTORY NOTICE BOARDS, OR USED THE TOUCHSCREENS AT CENTRELINK OFFICES? ..... <input type="checkbox"/> 03</p> <p>AT ANY TIME IN THE LAST 4 WEEKS HAS ..... BEEN REGISTERED WITH CENTRELINK AS A JOBBEAKER? ..... <input type="checkbox"/> 04</p> <p>CHECKED OR REGISTERED WITH AN EMPLOYMENT AGENCY? ..... <input type="checkbox"/> 05</p> <p>DONE ANYTHING ELSE TO FIND A JOB?</p> <p>Advertised or tendered for work ..... <input type="checkbox"/> 06</p> <p>Contacted friends/relatives ..... <input type="checkbox"/> 07</p> <p>Other ..... → <b>Q.81B</b> <input type="checkbox"/> 08</p> <p>Only looked in newspapers → <b>Q.81B</b> <input type="checkbox"/> 09</p> <p>None of these ..... → <b>Q.81B</b> <input type="checkbox"/> 10</p> | <p><b>81A.</b> (YOU TOLD ME THAT ..... DIDN'T LOOK FOR WORK DURING THE LAST 4 WEEKS.)</p> <p>WAS THAT BECAUSE ..... WAS WAITING TO START (PAID) WORK ..... HAD ALREADY OBTAINED?</p> <p><b>81B.</b> LAST WEEK, WAS ..... WAITING TO START (PAID) WORK ..... HAD ALREADY OBTAINED?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... → <b>Q.94</b> <input type="checkbox"/> 2 <u>5</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |       |      |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>82.</b> WILL ..... BE STARTING THAT WORK IN THE NEXT 4 WEEKS?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... → <b>Q.94</b> <input type="checkbox"/> 2 <u>K</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |       |      |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>83.</b> COULD ..... HAVE STARTED LAST WEEK IF THAT WORK HAD BEEN AVAILABLE?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... → <b>Q.94</b> <input type="checkbox"/> 2 <u>L</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |       |      |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>84.</b> WILL THAT WORK BE FULL-TIME?</p> <p>Yes/Full-time ..... <input type="checkbox"/> 1</p> <p>No/Part-time ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |       |      |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>85.</b> WHEN DID ..... BEGIN LOOKING FOR WORK?</p> <p><b>a Enter date</b></p> <p>Less than 2 years ago ..... / ..... / .....<br/>DD MM YY</p> <p>2 years to less than 5 years ago ..... / .....<br/>MM YY</p> <p>5 years or more ago .....<br/>YY</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr><td><input type="text" value="0"/></td><td><input type="text" value="0"/></td><td><input type="text" value="0"/></td></tr> <tr><td><input type="text" value="1"/></td><td><input type="text" value="1"/></td><td><input type="text" value="1"/></td></tr> <tr><td><input type="text" value="2"/></td><td><input type="text" value="2"/></td><td><input type="text" value="2"/></td></tr> <tr><td><input type="text" value="3"/></td><td><input type="text" value="3"/></td><td><input type="text" value="3"/></td></tr> <tr><td><input type="text" value="4"/></td><td><input type="text" value="4"/></td><td><input type="text" value="4"/></td></tr> <tr><td><input type="text" value="5"/></td><td><input type="text" value="5"/></td><td><input type="text" value="5"/></td></tr> <tr><td><input type="text" value="6"/></td><td><input type="text" value="6"/></td><td><input type="text" value="6"/></td></tr> <tr><td><input type="text" value="7"/></td><td><input type="text" value="7"/></td><td><input type="text" value="7"/></td></tr> <tr><td><input type="text" value="8"/></td><td><input type="text" value="8"/></td><td><input type="text" value="8"/></td></tr> <tr><td><input type="text" value="9"/></td><td><input type="text" value="9"/></td><td><input type="text" value="9"/></td></tr> </tbody> </table> <p><b>b</b> Did not look for work ..... <input type="checkbox"/></p> | Day                            | Month | Year | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="2"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="3"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="4"/> | <input type="text" value="4"/> | <input type="text" value="5"/> | <input type="text" value="5"/> | <input type="text" value="5"/> | <input type="text" value="6"/> | <input type="text" value="6"/> | <input type="text" value="6"/> | <input type="text" value="7"/> | <input type="text" value="7"/> | <input type="text" value="7"/> | <input type="text" value="8"/> | <input type="text" value="8"/> | <input type="text" value="8"/> | <input type="text" value="9"/> | <input type="text" value="9"/> | <input type="text" value="9"/> |
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| <p><b>76.</b> IF ..... HAD FOUND A (PART-TIME) JOB COULD ..... HAVE STARTED WORK LAST WEEK?</p> <p>Yes ..... → <b>Q.85</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Don't know ..... → <b>Q.85</b> <input type="checkbox"/> 3</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |       |      |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |
| <p><b>77.</b> WHAT WERE THE REASONS ..... COULD NOT HAVE STARTED WORK LAST WEEK?</p> <p>Waiting to start a job ..... <input type="checkbox"/> 1</p> <p>Other ..... → <b>Q.79</b> <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |       |      |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |
| <p><b>78.</b> WILL ..... BE STARTING THAT WORK IN THE NEXT 4 WEEKS?</p> <p>Yes ..... → <b>Q.83</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |       |      |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |                                |

## FORM S1

**86. WHEN DID ..... LAST WORK FOR 2 WEEKS OR MORE?**

**a Enter date**

Less than 2 years ago ..... / ..... / .....

DD MM YY

2 years to less than 5 years ago ..... / .....

MM YY

5 years or more ago .....  
YY

Day Month Year

0 0 0 0

1 1 1 1

2 2 2 2

3 3 3 3

4 4 4 4

5 5 5 5

6 6 6 6

7 7 7 7

8 8 8 8

9 9 9 9

**b** Has never worked (for 2 weeks or more) ..... → **Q.94** ☐ **M**

**87. Sequence Guide**

If less than 2 years ago in Q.86 ..... → **Q.88** ☐ **1**

Otherwise ..... → **Q.92** ☐ **2**

**88. WHAT WAS ..... OCCUPATION IN THAT JOB OR BUSINESS?**

(Title) .....

.....

WHAT WERE ..... MAIN TASKS AND DUTIES?

(Main tasks/duties) .....

.....

.....

0 0 0

1 1 1

2 2 2

3 3 3

4 4 4

5 5 5

6 6 6

7 7 7

8 8 8

9 9 9

**89. WHAT KIND OF BUSINESS OR SERVICE WAS CARRIED OUT BY ..... EMPLOYER OR BUSINESS AT THE PLACE WHERE ..... WORKED?**

.....

.....

.....

0 0 0

1 1 1

2 2 2

3 3 3

4 4 4

5 5 5

6 6 6

7 7 7

8 8 8

9 9 9

**90. WHAT WAS THE NAME OF ..... EMPLOYER OR BUSINESS?**

.....

.....

.....

1

2

**91. WHAT WAS THE MAIN REASON ..... STOPPED WORKING IN ..... JOB OR BUSINESS?**

Lost job - (Retrenched/Made redundant/Employer went out of business/Dismissed/No work available etc.) ..... ☐ **1**

Job ended/Temporary/seasonal job ..... ☐ **2**

Unsatisfactory work arrangements/ pay/hours ..... ☐ **3**

Own ill health or injury ..... ☐ **4**

Holiday job/Returned to studies ..... ☐ **5**

Self-employed: Business closed down for economic reasons (Went broke/Liquidated/No work/ No supply or demand etc.) ..... ☐ **6**

Other ..... ☐ **7**

**92. DID ..... USUALLY WORK 35 HOURS OR MORE A WEEK IN ..... JOB OR BUSINESS?**

Yes ..... → **Q.94** ☐ **1** ✓

No ..... ☐ **2**

**93. WHEN DID ..... LAST WORK FOR AT LEAST 2 WEEKS IN A JOB OF 35 HOURS OR MORE A WEEK?**

**a Enter date**

Less than 2 years ago ..... / ..... / .....  
DD MM YY

2 years to less than 5 years ago ..... / .....  
MM YY

5 years or more ago .....  
YY

Day Month Year

0 0 0

1 1 1

2 2 2

3 3 3

4 4 4

5 5 5

6 6 6

7 7 7

8 8 8

9 9 9

**b** Has never worked in a job of 35+ hrs/week (for 2 weeks or more) ..... ☐

→ **Q.94** ○

## LABOUR FORCE EXPERIENCE

94. Sequence Guide

- . If rotation group 2... → **Q.95** ☐ 1
- . If very remote stratum,  
no more questions... ← ☐ 2
- . If visitor to PD ('2' in Q.4),  
no more questions... ← ☐ 3
- . If aged 70 years or more,  
no more questions... ← ☐ 4
- . If Q.39 answered... → **Q.107** ☐ 5
- . If Q.53 answered... → **Q.107** ☐ 6
- . If '2' in Q.51... → **Q.107** ☐ 7
- . Otherwise... → **Q.96** ☐ 8

95. Interviewer:

If HF has SIHC SUPP sticker, complete  
SIHC schedule for each UR at conclusion  
of LFS interviews.

No more questions. ←

96. I WOULD NOW LIKE TO ASK YOU SOME  
QUESTIONS ABOUT THE PERIOD FROM  
THIS TIME LAST FEBRUARY UNTIL NOW.97. Sequence Guide

- . If last worked full-time or part-time  
1-51 weeks ago (If date in Q.86 after  
this time Feb 2002)... → **Q.111B** ☐ 1
- . If Q.85a answered (If looked for work  
at all)... → **Q.101** ☐ 2
- . Otherwise... → **Q.98** ☐ 3

98. APART FROM UNPAID VOLUNTARY WORK,  
SINCE THIS TIME LAST FEBRUARY,  
HAS ..... WORKED IN A JOB, BUSINESS OR  
FARM?

- Yes... → **Q.111B** ☐ 1
- No... → ☐ 2

99. Sequence Guide

- . If '2' in Q.23 OR Q.74... → **Q.100** ☐ 1
- . If permanently unable to work  
( '3' in Q.19)... → **Q.100** ☐ 2
- . If permanently not intending to work  
( '4' in Q.19)... → **Q.100** ☐ 3
- . If permanently not intending to work  
( '3' in Q.20, Q.21, Q.22  
OR Q.23)... → **Q.100** ☐ 4
- . Otherwise... → **Q.101** ☐ 5

100. HAS ..... LOOKED FOR WORK SINCE THIS  
TIME LAST FEBRUARY?

- Yes... → **Q.101** ☐ 1
- No... → **Q.105A** ☐ 2

101. HOW MANY OF THE LAST 52 WEEKS DID  
..... LOOK FOR WORK?

One week → **Q.105B** ☐ 01

02-51 weeks  
(Record full weeks)

52 weeks → **Q.137** ☐ 52

- ☐ 01  
☐ 02  
☐ 03  
☐ 04  
☐ 05  
☐ 06  
☐ 07  
☐ 08  
☐ 09

102. WERE THESE WEEKS ALL AT THE ONE TIME  
OR WAS THERE MORE THAN ONE PERIOD  
OF LOOKING FOR WORK?

All at the one time → **Q.105B** ☐ 1

More than one period... → ☐ 2

103. HOW MANY SEPARATE PERIODS DID .....  
LOOK FOR WORK?

Two... → ☐ 1

Three... → ☐ 2

Four or more... → ☐ 3

104. → **Q.105B**105A. WHAT HAS BEEN ..... MAIN ACTIVITY DURING  
THAT TIME?105B. WHAT WAS ..... MAIN ACTIVITY IN THE WEEKS  
WHEN ..... DID NOT LOOK FOR WORK AT ALL?

- Voluntarily inactive/retired... → ☐ 1
- Home duties/childcare... → ☐ 2
- Study/school/TAFE/university... → ☐ 3
- Own illness/injury... → ☐ 4
- Own disability/handicap... → ☐ 5
- Looking after ill/disabled person... → ☐ 6
- Holiday/travel/leisure activities... → ☐ 7
- Working in unpaid voluntary job... → ☐ 8
- Other (Specify) ..... → ☐ 9

106. → **Q.137**107. Sequence Guide

- . If worked for current employer/business  
for less than 12 months,  
( '2' in Q.68)... → **Q.109** ☐ 1
- . If worked for current employer/business  
for 12 months or more,  
( '1' in Q.68)... → **Q.108B** ☐ 2
- . Otherwise... → **Q.108A** ☐ 3

**108A.** HOW LONG HAS ..... WORKED [FOR ..... CURRENT (MAIN) EMPLOYER/IN ..... CURRENT (MAIN) BUSINESS]?

**108B.** HOW MANY YEARS HAS ..... WORKED [FOR ..... CURRENT (MAIN) EMPLOYER/IN ..... CURRENT (MAIN) BUSINESS]?

a. 01-51 weeks  
(Record full weeks)

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

b. One year or more  
(Record full years)

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

**109.** I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THE PERIOD FROM THIS TIME LAST FEBRUARY UNTIL NOW.

**110.** → **Q.111A**

**111A.** INCLUDING ..... CURRENT [EMPLOYER(S)/ BUSINESS(ES)], SINCE THIS TIME LAST FEBRUARY, HOW MANY EMPLOYERS OR BUSINESSES HAS ..... HAD?

**111B.** SINCE THIS TIME LAST FEBRUARY, HOW MANY EMPLOYERS OR BUSINESSES HAS ..... HAD?

- One ..... 1
- Two ..... 2
- Three ..... 3
- Four or more ..... 4

**112.** Sequence Guide

- . If one year or more in Q.108 → **Q.114** 1
- . Otherwise ..... → **Q.113** 2

**113.** IN THE LAST 52 WEEKS, HOW MANY WEEKS WERE THERE WHEN ..... HAD A JOB, BUSINESS OR FARM?

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

**114.** (INCLUDING THE HOURS IN ALL THE JOBS ..... HAD), WERE THERE ANY WEEKS WHEN ..... WORKED PART-TIME?

- Yes ..... 1
- No ..... → **Q.116** 2

**115.** FOR HOW MANY WEEKS DID ..... WORK PART-TIME?

52 weeks .....

52

01-51 weeks  
(Record full weeks)

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

**116.** Sequence Guide

- . If one year or more in Q.108 .. → **Q.117** 1
- . If '52 weeks' in Q.113 ..... → **Q.117** 2
- . If '01 week' in Q.113 ..... → **Q.129** 3
- . Otherwise ..... → **Q.118** 4

**117.** IN THE LAST 52 WEEKS, WERE THERE ANY WEEKS WHEN ..... WAS NOT WORKING AND DID NOT RECEIVE ANY PAY?

- Yes ..... → **Q.119** 1
- No ..... → **Q.137** 2

**118.** IN THE (Weeks in Q.113) WEEKS WHEN ..... HAD A JOB, WERE THERE ANY WEEKS WHEN ..... WAS NOT WORKING AND DID NOT RECEIVE ANY PAY?

- Yes ..... 1
- No ..... → **Q.128** 2

**119.** HOW MANY WEEKS WERE THERE WHEN ..... HAD A JOB AND WAS NOT WORKING, AND DID NOT RECEIVE ANY PAY?

01-52 weeks  
(Record full weeks)

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

**120.** DID ..... LOOK FOR WORK IN ANY OF THOSE (Weeks in Q.119) WEEKS?

- Yes ..... 1
- No ..... → **Q.127** 2

**121.** HOW MANY OF THOSE WEEKS DID ..... LOOK FOR WORK?

One week → **Q.124** 01

02-52 weeks  
(Record full weeks)

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

122. WERE THESE WEEKS ALL AT THE ONE TIME OR WAS THERE MORE THAN ONE PERIOD OF LOOKING FOR WORK?

All at the one time ... → **Q.124** ☐ 1

More than one period ... ☐ 2

123. HOW MANY SEPARATE PERIODS DID ..... LOOK FOR WORK?

Two ... ☐ 1

Three ... ☐ 2

Four or more ... ☐ 3

124. Interviewer: Calculate the following:

Number of weeks in Q.119: .....

subtract

Number of weeks in Q.121: .....

Remaining weeks =

125. Sequence Guide

. If remaining weeks in Q.124 is zero ... → **Q.128** ☐ 1

. Otherwise ... → **Q.126** ☐ 2

126. FROM WHAT YOU HAVE TOLD ME, THERE WAS A PERIOD OF (Weeks in Q.124) WEEKS WHEN ..... WAS AWAY FROM WORK AND DID NOT LOOK FOR WORK.

127. WHAT WAS ..... MAIN ACTIVITY DURING THOSE WEEKS?

Voluntarily inactive/retired ... ☐ 1

Home duties/childcare ... ☐ 2

Study/school/TAFE/university ... ☐ 3

Own illness/injury ... ☐ 4

Own disability/handicap ... ☐ 5

Looking after ill/disabled person ... ☐ 6

Holiday/travel/leisure activities ... ☐ 7

Working in unpaid voluntary job ... ☐ 8

Other (Specify) ..... ☐ 9

128. Sequence Guide

. If one year or more in Q.108... → **Q.137** ☐ 1

. If '52 weeks' in Q.113... → **Q.137** ☐ 2

. Otherwise ... → **Q.129** ☐ 3

129. Interviewer: Calculate the following:

52 weeks

52

subtract

Number of weeks in Q.113: .....

Remaining weeks =

130. YOU HAVE TOLD ME ABOUT THE WEEKS WHEN ..... HAD A JOB.

IN THE (Weeks in Q.129) WEEKS WHEN ..... DID NOT HAVE A JOB, DID ..... LOOK FOR WORK?

Yes ... ☐ 1

No... → **Q.136B** ☐ 2

131. HOW MANY WEEKS DID ..... LOOK FOR WORK WHILE NOT HAVING A JOB?

One week → **Q.134** ☐ 01

02-50 weeks  
(Record full weeks)

51 weeks → **Q.137** ☐ 51

☐ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9

132. WERE THESE WEEKS ALL AT THE ONE TIME OR WAS THERE MORE THAN ONE PERIOD OF LOOKING FOR WORK?

All at the one time → **Q.134** ☐ 1

More than one period... ☐ 2

133. HOW MANY SEPARATE PERIODS DID ..... LOOK FOR WORK?

Two ... ☐ 1

Three ... ☐ 2

Four or more ... ☐ 3

134. Interviewer: Calculate the following:

Number of weeks in Q.129: .....

subtract

Number of weeks in Q.131: .....

Remaining weeks =

135. Sequence Guide

. If remaining weeks in Q.134 is zero ... → **Q.137** ☐ 1

. Otherwise ... → **Q.136A** ☐ 2

**136A.** FROM WHAT YOU HAVE TOLD ME, THERE WAS A PERIOD OF (*Weeks in Q.134*) WEEKS WHEN ..... DID NOT HAVE A JOB AND DID NOT LOOK FOR WORK.

WHAT WAS ..... MAIN ACTIVITY DURING THOSE WEEKS?

**136B.** WHAT WAS ..... MAIN ACTIVITY DURING THOSE WEEKS?

- Voluntarily inactive/retired ..... ☐ 1
- Home duties/childcare ..... ☐ 2
- Study/school/TAFE/university ..... ☐ 3
- Own illness/injury ..... ☐ 4
- Own disability/handicap ..... ☐ 5
- Looking after ill/disabled person ..... ☐ 6
- Holiday/travel/leisure activities ..... ☐ 7
- Working in unpaid voluntary job ..... ☐ 8
- Other (*Specify*) ..... ☐ 9

**137.** I WOULD NOW LIKE TO ASK YOU ABOUT EDUCATION.

WHAT WAS THE HIGHEST YEAR OF PRIMARY OR SECONDARY SCHOOL ..... COMPLETED?

- Year 12 or equivalent ..... ☐ 1
- Year 11 or equivalent ..... ☐ 2
- Year 10 or equivalent ..... ☐ 3
- Year 9 or equivalent ..... ☐ 4
- Year 8 or lower ..... ☐ 5
- Never attended school ..... ☐ 6

**138.** THE NEXT FEW QUESTIONS ARE ABOUT ANY EDUCATIONAL QUALIFICATIONS THAT ..... HAS COMPLETED.

HAS ..... COMPLETED A TRADE CERTIFICATE, DIPLOMA, DEGREE OR ANY OTHER EDUCATIONAL QUALIFICATION?

- Yes ..... ☐ 1
- No ..... ☐ 2 → **Q.144**

**139.** WHAT IS THE LEVEL OF THE HIGHEST QUALIFICATION THAT ..... HAS COMPLETED?

*Interviewer:* If 'Year 12 or equivalent' or 'Statement of Attainment', ask 'Has ..... completed any other educational qualifications?'

- ..... ☐ 1
- ..... ☐ 1
- Year 12 certificate or equivalent ..... → **Q.144** ☐ 2
- Statement of attainment ..... → **Q.144** ☐ 3

**140.** WHAT WAS THE MAIN FIELD OF STUDY FOR THAT QUALIFICATION?

*Interviewer:* If 'Nursing', 'Arts', 'Teaching', 'Science', or 'Engineering', ask for more detail.

..... → **Q.142** ☐ 1

**141.** *Office use only*

ASCED Code - 13 digits

**142.** IN WHICH YEAR DID ..... COMPLETE THAT QUALIFICATION?

Prior to 1980 ..... ☐ 1979 ☐ 1980 ☐ 1981 ☐ 1982 ☐ 1983 ☐ 1984 ☐ 1985 ☐ 1986 ☐ 1987 ☐ 1988 ☐ 1989 ☐ 1990

Year ..... ☐ 1991 ☐ 1992 ☐ 1993 ☐ 1994 ☐ 1995 ☐ 1996 ☐ 1997 ☐ 1998 ☐ 1999 ☐ 2000

(1980 onwards)

**143.** WAS THIS QUALIFICATION COMPLETED IN AUSTRALIA?

- Yes ..... ☐ 1
- No ..... ☐ 2

**144.** AT THIS TIME IN FEBRUARY LAST YEAR, IN WHICH STATE OR TERRITORY DID ..... LIVE?

- NSW ..... ☐ 1
- Vic ..... ☐ 2
- Qld ..... ☐ 3
- SA ..... ☐ 4
- WA ..... ☐ 5
- Tas ..... ☐ 6
- NT ..... ☐ 7
- ACT ..... ☐ 8
- Overseas ..... ☐ 9

**145.** *No more questions* ◀